

IFW

3763

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on April 19, 2007

Roberta A. Winzeler

Roberta A. Winzeler
(signature)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Douglas E. Ott, et al.

Serial No. 09/363,234

Filed: July 27, 1999

For: METHOD AND APPARATUS
FOR TREATING GAS FOR
DELIVERY TO AN ANIMAL

Examiner: M. Mendez

Art Unit: 3763

Attorney Docket No. 1-15369

MAIL STOP AMENDMENT
Commissioner for Patents
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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Honorable Sir:

Pursuant to Sections 1.97 and 1.98 of Title 37 of the Code of Federal Regulations, record is hereby made of published art which the United States Patent and Trademark Office may wish to consider during examination of the above-entitled

04/24/2007 RFEKADU1 00000051 09363234

01 FC:1606

180.00 OP

04/24/2007 RFEKADU1 00000029 09363234

01 FC:1606

180.00 OP

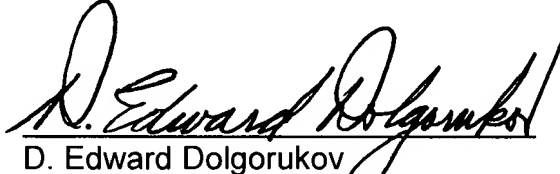
application. No representation is made or intended that a prior art search was conducted, or that no better art than that listed is available.

This non-patent literature document is being disclosed in this Supplemental Information Disclosure Statement and is hereby disclosed to the U.S. Patent and Trademark Office within three months of applicants becoming aware of such document.

A copy of each of the non-patent literature patent document is enclosed herewith along with Form PTO/SB/08B. It is requested that it be fully considered and made of record in this case.

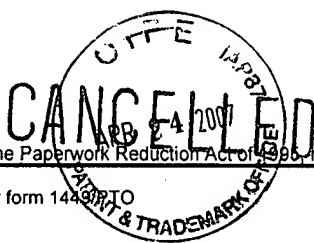
Enclosed is the fee required under 37 CFR 1.17(p) in the amount of \$180. Please credit any overpayment, or debit any underpayment, to/from Deposit Account No. 13-1816 from which the undersigned is permitted to deposit and draw.

Respectfully submitted,


D. Edward Dolgorukov
Registration No. 26,266

ATTORNEYS

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Substitute for form 1449 PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

Use 35 sheets as necessary)

Sheet 1 of 1

Complete if Known

Application Number	09/363,234
Filing Date	July 27, 1999
First Named Inventor	Douglas E. Ott, et al.
Art Unit	3763
Examiner Name	M. Mendez
Attorney Docket Number	1-15369

NON PATENT LITERATURE DOCUMENTS

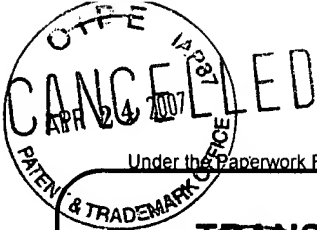
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		Lexion Medical, LLC v. Northgate Technologies, Inc., Smith & Nephew, Inc. and Linvatec Corporation, Order, 1:04-CV-5705, in the United States District Court for the Northern District of Illinois Eastern Division	

Examiner
SignatureDate
Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (04-07)

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**TRANSMITTAL
FORM**

APR 23 2007

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/363,234
Filing Date	July 27, 1999
First Named Inventor	Douglas E. Ott et al.
Art Unit	3763
Examiner Name	M. Mendez
Attorney Docket Number	1-15369

ENCLOSURES (Check all that apply)

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input checked="" type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/
Incomplete Application
<input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers

<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC

<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences

<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

<input type="checkbox"/> Proprietary Information

<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify
below):

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Remarks

Supplemental Information Disclosure Statement including surcharge fee of \$180 and non-patent literature document listed on PTO/SB/08B.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MARSHALL & MELHORN, LLC		
Signature			
Printed name	D. Edward Dolgorukov		
Date	April 18, 2007	Reg. No.	26,266

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Roberta A. Winzeler	Date	4-19-2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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APR 23 2007

PTO/SB/17 (02-07)

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Effective on 12/08/2006

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

TRANSMITTAL
For FY 2007☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known

Application Number	09/363,234
Filing Date	July 27, 1999
First Named Inventor	Douglas E. Ott et al.
Examiner Name	M. Mendez
Art Unit	3763
Attorney Docket No.	1-15369

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 13-1816 Deposit Account Name: Marshall & Melhorn LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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Multiple Dependent Claims

_____ - 20 or HP = _____ x _____ = _____

Fee (\$)	Fee Paid (\$)
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): surcharge for Supplemental Information Disclosure Statement

180.00

SUBMITTED BY

Signature	<i>D. Edward Dolgorukov</i>	Registration No. (Attorney/Agent) 26,266	Telephone 419-249-7146
Name (Print/Type)	D. Edward Dolgorukov	Date	4/18/07

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